| BEST AVAILABLE CUPY -                                                                                                                                                                                                    |                                                                                                                  |                                               |                                   |                                  |                        |                                  |          |                                               |                        |        |                     |                        |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------|----------------------------------|------------------------|----------------------------------|----------|-----------------------------------------------|------------------------|--------|---------------------|------------------------|----|
| •                                                                                                                                                                                                                        | PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000  Application or Docket Number  OGE 52 72 7 |                                               |                                   |                                  |                        |                                  |          |                                               |                        |        |                     |                        |    |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                                           |                                                                                                                  |                                               |                                   |                                  |                        |                                  |          | SMALL ENTITY OTHER THAN TYPE COR SMALL ENTITY |                        |        |                     |                        |    |
| TOTAL CLAIMS                                                                                                                                                                                                             |                                                                                                                  |                                               | 34                                |                                  |                        |                                  |          | RATE                                          | FEE                    | 7      | RATE                | FEE                    | ł  |
| FOR                                                                                                                                                                                                                      |                                                                                                                  |                                               | MUNISER FILED                     |                                  | MUMBER EXTRA           |                                  |          | PASIC FEI                                     | +                      | OR     | BASIC FEE           |                        |    |
| Ī                                                                                                                                                                                                                        | OTAL CHARGE                                                                                                      | 3 ∠minus 20=                                  |                                   | . 14                             |                        |                                  | X\$ 9=   |                                               | OR                     | X\$18= | 252                 |                        |    |
| Ŀ                                                                                                                                                                                                                        | DEPENDENT C                                                                                                      | _ € = 0 eunim - 12                            |                                   | • /                              |                        |                                  | X40=     |                                               | OR                     | XB0=   |                     |                        |    |
| 2                                                                                                                                                                                                                        | ULTIPLE DEPE                                                                                                     | NDENT CLAIM P                                 | RESENT                            |                                  |                        |                                  |          | +135=                                         |                        | OR     |                     | 20                     |    |
| •1                                                                                                                                                                                                                       |                                                                                                                  | e in column 1 is                              |                                   |                                  | TOTAL                  | _                                | 1        | TOTAL                                         | -                      |        |                     |                        |    |
| 826-Column 1) (Column 2) (Column 3)                                                                                                                                                                                      |                                                                                                                  |                                               |                                   |                                  |                        |                                  |          | 5MALL                                         | ENTITY                 | •      | OTHER<br>SMALL      |                        |    |
| AMENDMENT A                                                                                                                                                                                                              |                                                                                                                  | CLAINS<br>REMAINING<br>AFTER<br>AMENOMENT     |                                   | HIGH<br>MAN<br>PREVIO<br>PAID    | BEA                    | PRESENT<br>EXTRA                 |          | RATE                                          | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |    |
| ğ                                                                                                                                                                                                                        | Total                                                                                                            | . 40                                          | Minus                             | -3                               | 4.                     | .6                               |          | X\$ 9=                                        |                        | OR     | X\$18=              | 1080                   |    |
| Ž                                                                                                                                                                                                                        | EDST DDES                                                                                                        | ENTATION OF MI                                | Minus<br>II TROI E INCI           | ***                              | CLAIM                  | 2                                |          | X40=                                          | •                      | QR     | X8Ø=                | 1720                   |    |
| -                                                                                                                                                                                                                        | Prot rical                                                                                                       | STINIOT OF EL                                 | ACIO DE DEI                       | CAUCAI                           | ·                      | ·                                | ,        | +135=                                         | ·                      | OR     | +270=               |                        |    |
|                                                                                                                                                                                                                          | كمأمدا                                                                                                           |                                               |                                   | •                                |                        | -                                |          | JOTAL<br>ADDIT. FEE                           |                        | OR     | TOTAL<br>ADDIT, FEE | 2804                   | ين |
| _                                                                                                                                                                                                                        | 21,243.                                                                                                          | (Column 1) (Column 2) (Column 3)              |                                   |                                  |                        |                                  |          |                                               |                        |        | •                   |                        | -  |
| AMENDMENT B                                                                                                                                                                                                              |                                                                                                                  | REMAINING<br>AFTER<br>AMENDMENT               |                                   | NUMB<br>PREVIO<br>PAID           | BER                    | PRESENT<br>EXTRA                 |          | RATE                                          | ADDI-<br>TIONAL<br>FEE | , ·    | PATE                | ADDI-<br>TIONAL<br>FEE | ١. |
| ğ                                                                                                                                                                                                                        | Total                                                                                                            | . 34                                          | Minus                             | :                                |                        | •                                |          | X\$ 9=                                        | •                      | OR     | X\$18-              |                        | •  |
| M                                                                                                                                                                                                                        | Independent                                                                                                      | • U                                           | Minus                             | ***                              | C) All A               | <u> </u>                         |          | X40=                                          |                        | OR     | X80-                |                        |    |
| _                                                                                                                                                                                                                        | RRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                    |                                               |                                   |                                  |                        |                                  |          |                                               |                        | OR     | +270=               |                        |    |
|                                                                                                                                                                                                                          |                                                                                                                  |                                               |                                   |                                  |                        |                                  |          | TOTAL<br>COST, FEE                            |                        | OA     | YOYAL<br>ADDIT, FEE |                        |    |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                         |                                                                                                                  |                                               |                                   |                                  |                        |                                  |          |                                               |                        |        |                     |                        |    |
| ENDMENT C                                                                                                                                                                                                                |                                                                                                                  | CLAHAS<br>REMAINING<br>AFTER<br>AMENOMENT     |                                   | RIGH<br>NUME<br>PREVIO<br>PAID I | BER<br>WSLY            | PRESENT<br>EXTRA                 |          | RATE                                          | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |    |
| ş                                                                                                                                                                                                                        | Total                                                                                                            | ٠                                             | Minus                             |                                  |                        | •                                |          | X\$ 9-                                        |                        | OR     | X\$18-              | ī                      |    |
| ¥                                                                                                                                                                                                                        | Independent                                                                                                      | entation of Mil                               | Minus<br>n 700 E nec              | ***                              | CT 484                 | •                                |          | X40=                                          |                        | OR     | X80=                |                        |    |
| ۲                                                                                                                                                                                                                        | I-mor rates                                                                                                      | annual or m                                   | A P CE UCI                        | SWENI                            | VIA.                   |                                  | <b>'</b> | +135=                                         |                        | OR     | +270=               |                        |    |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  OR ADDIT. FEE  OR ADDIT. FEE |                                                                                                                  |                                               |                                   |                                  |                        |                                  |          |                                               |                        |        |                     |                        |    |
| -                                                                                                                                                                                                                        | The Teghest Nur<br>The Teghest Nur                                                                               | imber Previously Pel<br>riber Previously Peli | eo For IN This<br>I For (Total or | S SPACE in<br>Independe          | nece the<br>ni) is the | n 3, enter "3."<br>highest numbe |          |                                               | ropriate box           |        |                     |                        |    |
| _                                                                                                                                                                                                                        | MPIO475                                                                                                          | <del></del>                                   |                                   |                                  |                        |                                  |          |                                               |                        |        | 45D/D/J 04          |                        | į  |

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